

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, 2010 - May 15-2010

MAY 11 2010

LEGISLATIVE RESOURCE CENTER

2010 MAY 19 AM 11:43

Name: CHRISTOPHER REED

Daytime Telephone: 319-241-0565

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

**Filer
Status**



Candidate for the
House of Representatives

State: IA
District: 02

Date of
Election: 11-2-10

Check if
Amendment



New officer or
employee

Employing Office: _____

**A \$200 penalty shall be assessed
against anybody who files more
than 30 days late.**

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior <u>two</u> years? If yes, complete and attach Schedule IV.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>VI. Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If yes, complete and attach Schedule VI.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

<p>TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE II—ASSETS AND “UNEARNED” INCOME

Name Christopher Reed

Page 2 of 4

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income																						
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in “unearned” income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, <i>even if not exercised</i>, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>		<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>												<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write “NA.” For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check “None” if asset did not generate any income during calendar year.</p>							<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write “NA” for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check “None” if no income was earned or generated.</p>																						
		A	B	C	D	E	F	G	H	I	J	K	L							Current Year											Preceding Year												
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, Mega Corp. Stock				X								X											X																				
DC, Examples: Simon & Schuster				Indefinite															Royalties				X																				
JT, 1st Bank of Paducah, KY accounts					X									X									X																				
American Funds		X										X											NA																				
SP 1609 13th Ave SW 52404				X									X										X																				

Continuation Sheet (if needed)

Name _____

Christopher Reece

Page 3 of 4[illegible]

Name Christopher Reed Page 4 of 4

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.		
Date	Parties To	Terms of Agreement
NA		

[illegible]

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule I.**